

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS SUPPLEMENTAL APPLICATION FORM

1. Are you a citizen or national of the United States? ☐ YES ☐ NO
2. Are you hiding or running from the law for a felony, attempted felony, or a parole or probation violation? ☐ YES ☐ NO
3. Are you a lawful permanent resident? ☐ YES ☐ NO
4. When did you lawfully enter into the U.S.? MONTH/DAY/YEAR
5. How old are you? _____ Date of Birth _____ MONTH/DAY/YEAR
6. Are you blind? ☐ YES ☐ NO
7. Are you disabled? ☐ YES ☐ NO
8. If you entered the United States on or after August 22, 1996 are you sponsored? ☐ YES ☐ NO
9. Is your sponsor
Deceased ☐ YES ☐ NO
Disabled ☐ YES ☐ NO
10. Are you being abused by your sponsor or his/her spouse? ☐ YES ☐ NO
11. Are you a PRUCOL non-citizen? ☐ YES ☐ NO

Indicate your PRUCOL status:

- ☐ A conditional entrant admitted to the United States before April 1, 1980.
- ☐ A non-citizen paroled into the United States, including Cuban/Haitian entrants.
- ☐ A non-citizen subject to an Order of Supervision.
- ☐ A non-citizen granted an indefinite stay of deportation.
- ☐ A non-citizen granted an indefinite voluntary departure.
- ☐ A non-citizen on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure.
- ☐ A non-citizen who has properly filed an application for lawful permanent resident status.
- ☐ A non-citizen granted a stay of deportation for a specified period.
- ☐ A non-citizen granted asylum.
- ☐ A refugee admitted to the U.S. since April 1, 1980.
- ☐ A non-citizen granted voluntary departure who is awaiting issuance of visa.
- ☐ A non-citizen in deferred action status.
- ☐ A non-citizen who entered and has continuously resided in the United States since before January 1, 1972 who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry alien).
- ☐ A non-citizen granted a suspension of deportation whose departure INS does not contemplate enforcing.
- ☐ A non-citizen granted withholding of deportation pursuant to INA Section 243(h).
- ☐ A non-citizen (not in one of the above categories) who can show that: (1) INS knows he/she is in

COUNTY USE ONLY

CASH ASSISTANCE PROGRAM FOR IMMIGRANTS INTERIM ASSISTANCE REIMBURSEMENT AUTHORIZATION

I understand that the state-funded, Cash Assistance for Immigrants (CAPI), assistance authorized or paid to me, or on my behalf, by _____ County (DPSS) is considered interim assistance if it is paid during the period of time that my Supplemental Security Income/State Supplementary payment (SSI/SSP) eligibility is being determined. (Assistance financed wholly or partly with Federal Funds shall not be considered interim assistance.)

In consideration of such interim assistance paid to me, or on my behalf, I authorize the Commissioner of the Social Security Administration (SSA) to send the first payment of any SSI/SSP benefits, for which I may be determined eligible to the above agency.

I authorize the above agency to retain from that payment an amount equal to the sum of CAPI assistance payments the above agency and other California Interim Agencies paid to me, or on my behalf, to meet my basic needs both before and after the date of this authorization, but limited to the period of my SSI/SSP eligibility.

- ☐ Initial Claim beginning with the month for which I am found eligible for an SSI/SSP payment and ending with the month my SSI/SSP payments begin;
- or
- ☐ Post Eligibility beginning with the month for which my SSI/SSP payments are reinstated after a period of suspension or termination and ending with the month my payments resume.

I understand that, after making the above deduction from my SSI/SSP payments, the above agency shall pay to me the balance, if any, no later than ten (10) working days from the day the above agency receives my payment from SSA.

I understand that, if I feel that the amount deducted from my SSI/SSP retroactive payments is more than the amount of CAPI | assistance paid to me, or on my behalf by the agency, or I feel the above agency failed to pay me the excess within the ten (10) day period, I have a right to request a fair hearing from the State Department of Social Services. This request must be filed within ninety (90) days of the date the above agency notifies me of the receipt and disbursement of the payment.

I understand that if I file an initial claim for SSI/SSP benefits at a Social Security office within 60 days of the date the above agency receives this signed form, my eligibility for SSI/SSP benefits may begin as early as the date the above agency receives this signed form.

I understand that this authorization is effective from the date the above agency receives this signed form and that it will cease to have effect:

- ☐ Initial Claim at the end of one(1) year from the date the above agency receives this signed form, unless I file for SSI/SSP within that time, or one of the events listed below occurs earlier, in which case the authorization will cease to have effect as of the date of such event:
- SSA makes an initial payment or reinstates payment on my claim:
 - SSA denies my claim and I do not file a timely appeal of that determination:
 - The above agency and I agree to terminate this agreement.
- or
- ☐ Post Eligibility at the end of one (1) year from the date the above agency receives this signed form or at the end of the maximum period within which to request review of the determination to suspend or terminate my SSI/SSP payments, whichever period of time is longer, unless I file a timely request for review, or one of the events listed above occurs in which case the authorization will cease to have effect as of the date of such event.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE SIGNED

CHANGES TO REPORT

WHERE YOU LIVE - You must report to the County Welfare Department if:

- You move.
 - You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
 - You leave the United States for 30 days or more.
 - You are released from a hospital, nursing home, etc.
 - You are no longer a legal resident of the United States.
-

HOW YOU LIVE - You must report to the County Welfare Department if:

- Someone moves into or out of your household.
 - The amount of money you pay toward household expenses changes.
 - Births and deaths of any people with whom you live.
 - your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
-

INCOME - You must report to the County Welfare Department if:

- The amount of money (or checks or any other type of payments) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
 - You start work or stop work.
 - Your earnings go up or down.
-

HELP YOU GET FROM OTHERS - You must report to the County Welfare Department if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
 - Someone stops helping you.
 - Someone starts helping you.
-

THINGS OF VALUE THAT YOU OWN - You must report to the County Welfare Department if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
 - You sell or give any things of value away.
 - You buy or are given anything of value.
-

YOU ARE BLIND OR DISABLED - You must report to the County Welfare Department if:

- Your condition improves or your doctor says you can return to work.
 - You go to work.
 - You stop going to or refuse any vocational rehabilitation services.
-

UNMARRIED AND UNDER AGE 22 - A report to the County Welfare Department must be made if:

- If you are the parent of a child who receives CAPI benefits, you are to report if you or your child has a change in income, a change in marital status, a change in the value of anything the family owns, or if there is a change in residence.
 - If the child starts or stops school.
-

YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES - You must report any change to the County Welfare Department.

I have been informed of and agree to report any of the changes listed above within 10 days of the change.

SIGNATURE OF APPLICANT/RECIPIENT

DATE
